



HOUSING APPLICATION
*For A-HOME's Independent Supportive
 Housing Programs*

Date of application _____

Last Name: _____ First Name: _____ MI: _____
 Current Address: _____
 City, State, Zip Code: _____
 Home phone number: _____ Work phone number: _____
 Cell phone number: _____
 Email: _____
 Health Insurance: Yes ____ No ____
 Type: _____

Race: _____ (optional)
 Ethnicity: _____ (Hispanic, Non-Hispanic) (optional)

Marital Status: Never Married Married Widowed
 Separated Divorced/Annulled

Family Composition: list all individuals who will be residing in the unit

Name first, last	Relationship	Date of Birth	Gender	Age
	SELF			

Name, Agency and Phone # (if applicable) of person who referred you to A-HOME:



Why are you applying? _____

Check all that apply:

- Economic/ Financial In temporary or time limited housing
- Potentially Homeless More Independence
- Better Living environment Companionship Homeless
- Other (specify) _____

Do you, or anyone who will be living with you, have any needs or disabilities, which would require special accommodations? Yes No

If yes, please explain: _____

Do you own a car? Yes No

Do you have use of a Car? Yes No

Do you have a Section 8 housing voucher? Yes No

If yes, which Section 8 office?

(County/ Municipality/ specify) _____

If no, have you applied for Section 8 Housing assistance? Yes No

With Westchester County? Yes No Other? _____

RESIDENCES: Where have you lived in the past? Start with most recent:

Type of Housing	Rent amount	Location	Dates (From/To)	Reason for moving

Current Landlord: _____ Phone Number: _____

Address: _____

Previous Landlord: _____ Phone Number: _____

Address: _____

Have you ever been evicted or asked to leave a residence? Yes No

If yes, please explain: _____

Have you ever lived in shared living before? Yes No

EMPLOYMENT/EDUCATIONAL INFORMATION

For you and all individuals who will be living with you.

Name	Relationship	Attending School? (Yes or No) Where? Grade	Employed? Yes or No. Where?
	Self		

FINANCIAL INFORMATION

Income (type) for you and all individuals who will be living with you.

Please list your /all living with you, monthly income and the source of that income.

Who	Source	Monthly amount
Self		

****Detailed income verification will be required later in the admissions process.****

Do you have any major outstanding debts? Yes No

If yes, please describe: _____

Have you, or anyone who will be living with you, ever been convicted of a crime?

Yes No

If yes, please explain (When, where and what crime): _____

MEDICAL HISTORY: Some of our housing accommodates tenants with physical and mental health challenges. Please share your medical or mental health issues:

Is there anything else you would like us to know about you or anyone else who will be living with you?

Did you complete this application without help? Yes No

If No, please explain _____

Name & relationship of the person helping: _____

How did they help? _____

I hereby affirm that the above information is true and current. Falsification of information can result in termination of the application process or eviction.

Signature: _____ Date: _____

Please return to:

A-HOME
86 Smith Ave.
Mt. Kisco, New York 10549

Phone Number: 914-741-0740 Fax: 914-741-0777
E-Mail: a-home@a-homehousing.org Website: a-homehousing.org